

[Your Name]  
[Your Title]  
[Your Clinic/Practice Name]  
[Address]  
[City, State, Zip Code]  
[Phone Number]  
[Email Address]  
[Date]  
[Recipient's Name]  
[Recipient's Title]  
[Recipient's Clinic/Practice Name]  
[Address]  
[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to refer my patient, [Patient's Name], for a comprehensive eye examination. [Patient's Name] has been experiencing [briefly describe symptoms or issues, e.g., blurred vision, headaches, etc.].

After conducting an initial evaluation, I believe further assessment by an eye care specialist is warranted to determine the underlying cause and appropriate treatment.

Please find attached the patient's medical history and relevant information for your review. I appreciate your attention to this matter and look forward to your findings.

Thank you for your assistance.

Sincerely,

[Your Name]  
[Your Title]  
[Your Clinic/Practice Name]